



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1651
Examiner : David Harold Humphrey
Serial No. : 10/679,580
Filed : October 6, 2003
Inventors : Usha Kasid
: Deepak Kumar
: Imran Ahmad
Title : GENE SCC-112 AND
: DIAGNOSTIC AND
: THERAPEUTIC USES THEREOF

Customer No.: 35811

Confirmation No.: 8237

Docket No.: GTU-06-1134WO-US

Date: December 1, 2006

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard
\$60 Check

Claim of Extension of Time, in duplicate
Amendment Transmittal Letter, in duplicate
Response

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper US LLP
Customer No. 35811

By: _____

Date: _____

Jared Hirsch
December 1, 2006



Attorney Docket No.: GTU-06-1134WO-US

Application of Usha Kasid et al.

Serial No.: 10/679,580

Filed: October 6, 2003

For: GENE SCC-112 AND DIAGNOSTIC AND THERAPEUTIC USES THEREOF

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

x Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	* 9	-	** 41=	0		x 25 =	\$ 0		x50 =	\$
INDEP.	* 2	-	** 24=	0		X 100 =	\$ 0		x 200 =	\$
Application Size Fee							\$ 0		x250=	\$
First Presentation of Multiple Dependent Claim						+180=	\$ 0		+360=	\$

TOTAL ADDITIONAL FEE \$0.00 OR \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

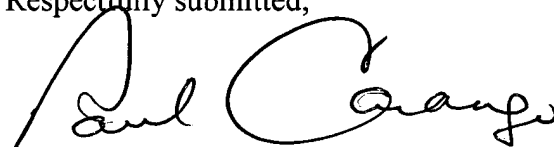
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Paul Carango", written in a cursive style.

Paul Carango
Reg. No. 42,386
Attorney for Applicants

PC/sh
(215) 656-3320